

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10619 720
APPLICANT(S) _____

FILING DATE 07-15-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7						
8		2				
9		2				
10		2				
11		1				
12	1					
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22	1					
23		1				
24		1				
25		1				
26		1				
27		1				
28	1					
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35	1					
36		1				
37		1				
38		1				
39		3				
40		3				
41		7				
42		7				
43		7				
44		7				
45		4				
46		4				
47		4				
48		4				
49		3				
50		3				
TOTAL IND.	5					
TOTAL DEP.	92					
TOTAL CLAIMS	97					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						